

Application Data Sheet**Application Information**

Application number::

Filing Date::

Application Type:: Utility

Subject Matter::

Suggested classification::

Suggested Group Art Unit::

CD-ROM or CD-R?::

Number of CD disks::

Number of copies of CDs::

Sequence submission?:: no

Computer Readable Form (CRF)?::

Number of copies of CRF::

Title:: OPIOID DELIVERY SYSTEM

Attorney Docket Number:: 31167-2023

Request for Early Publication?: no

Request for Non-Publication?: no

Suggested Drawing Figure: 1

Total Drawing Sheets:: 18

Small Entity?:: yes

Latin name::

Variety denomination name::

Petition included?::

Petition Type::

Licensed US Govt. Agency::

Contract or Grant Numbers::

Secrecy Order in Parent Appl.?::

1. Applicant Information

| | |
|---|--------------------|
| Applicant Authority Type:: | Inventor |
| Primary Citizenship Country:: | United States |
| Status:: | Full |
| Given Name: | Steven |
| Middle Name:: | Louis |
| Family Name: | Shafer |
| Name Suffix: | Mr. |
| City of Residence:: | Mountain View |
| State or Province of Residence:: | California |
| Country or Residence:: | USA |
| Street of mailing address:: | 531 Sullivan Drive |
| City of mailing address:: | Mountain View |
| State or Province of mailing address:: | California |
| Country of mailing address:: | USA |
| Postal or Zip Code of mailing address:: | 94041 |

2. Applicant Information

| | |
|-------------------------------|----------|
| Applicant Authority Type:: | Inventor |
| Primary Citizenship Country:: | Canada |
| Status:: | Full |

Given Name: Orlando
Middle Name:: Ricardo
Family Name: Hung
Name Suffix: Mr.
City of Residence:: Halifax
State or Province of Residence:: Nova Scotia
Country or Residence:: Canada
Street of mailing address:: 933 Greenwood Avenue
City of mailing address:: Halifax
State or Province of mailing address:: Nova Scotia
Country of mailing address:: Canada
Postal or Zip Code of mailing address:: B3H 3L1

3. Applicant Information

Applicant Authority Type:: Inventor
Primary Citizenship Country:: Canada
Status:: Full
Given Name: Diana
Middle Name:: Helen
Family Name: Pliura
Name Suffix: Ms.
City of Residence:: Mississauga
State or Province of Residence:: Ontario
Country or Residence:: Canada
Street of mailing address:: 5032 Brandy Lane Court

City of mailing address:: Mississauga
State or Province of mailing address:: Ontario
Country of mailing address:: Canada
Postal or Zip Code of mailing address:: L5M 5A2

Correspondence Information

Correspondence Customer Number:: 33721
Name:: Torys LLP - Dolly Kao, Reg. No.
44,451
Street of mailing address:: 79 Wellington Street West
City of mailing address:: Toronto
State or Province of mailing address: Ontario
Country of mailing address: Canada
Postal or Zip Code of mailing address:: M5K 1N2
Phone number:: 416.865.7694
Fax Number:: 416.865.7380
E-Mail address:: dkao@torys.com

| Representative Information | | |
|----------------------------------|-------|--|
| Representative Customer Number:: | 33721 | |

| Domestic Priority Information | | | |
|-------------------------------|-----------------------|-------------------------|-------------------------|
| Application:: | Continuity Type:: | Parent Application:: | Parent Filing Date:: |
| This Application is a | Non-provisional of | 60/450,333 | 02/28/2003 |